

AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)

Trust Fund Review

For use during Recertification Surveys of Nursing Homes

	Attachment G		
FACILITY NAME			
SURVEYOR'S NAME			
DATE			

	Trust Fun	nd Sample		
Current Residents (choose from the list of residents with funds in the trust account:				
Name:	_	_		
Name:				
Name:				
		_		
Discharged Resident:				_
Trust Fund / Surety Bond Iten	m		Notes	
WAC 388-97-0340 (3) The nursing home must and maintain a system that assures a full, consequently accounting principles, of each resident's per entrusted to the nursing home on the resident and must:	omplete and accepted rsonal funds			
(a) Deposit any resident's personal funds in fifty dollars, one hundred dollars for med residents, in an interest-bearing resider fund account or accounts, separate fror home operating accounts, and credit all earned to the account;	dicare nt personal m any nursing			
 (b) Keep personal funds under fifty dollars, dollars for medicare residents, in a noni bearing account or petty cash fund main residents; 	interest-			
bearing account? Is the interest credited appropriately to each resident?	☐ Yes ☐ No			
WAC 388-97-0340(5): The nursing home methe resident's funds, and a final accounting funds, to the resident or to the individual or just administering the resident's estate, within the discharge, transfer or death of any resid personal fund deposited with the nursing hofunds of a deceased Medicaid resident must the state of Washington, department of soci services, office of financial recovery.	of those jurisdiction hirty days of lent with a ome. The st be sent to			
	□ Yes □ No			